Nebraska Workplan for FFY2011 Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2011
Submitted by: Nebraska
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Contents **Page**

Executive Summary

The Nebraska Department of Health and Human Services (NDHHS) submits the following **WORKPLAN to describe activities being carried out using Preventive Health and Health Services Block Grant (PHHSBG) funds during Federal Fiscal Year 2011 (October 1, 2010 to September 30, 2011).**

The Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services has awarded PHHSBG funds to the State of Nebraska annually since 1981. The NDHHS receives and administers the funds as the designee of the Governor of Nebraska.

Funding Assumptions:

The preparation of the FY2011 Workplan is based on the allocation table from CDC, which is assumed to be the true award amount of PHHSBG funds to the State of Nebraska for FY2011. Subsequent changes in the allocation or the amount actually made available for use by the NDHHS will be handled in accordance with the NDHHS policy, the recommendations of the Nebraska Preventive Health Advisory Committee and in compliance with pertinent Public Health Services Act provisions. S*ubaward or subcontract of funds are always made contingent upon receipt of sufficient federal funds.*

State Level Allocation of Funds During FY2011:

Pending the integration of newly released Healthy People 2020 national goals and objectives, this Workplan continues to address national-level Healthy People 2010 objectives. The priority areas were selected in consultation with the Nebraska Preventive Health Advisory Committee. The selection was based upon data on the leading public health problems and needs in Nebraska and upon availability of alternate financial resources.

The following amounts have been allocated to priority programs for FY2011:

PROGRAM ALLOCATION

- Diabetes Program.....$186,000
- Laboratory Testing Program..... $267,000
- Minority Health Program.....$86,000
- Oral Health Program.....$87,350
- People, Places & Partners Program (Infrastructure)..... $408,224
- Unintentional & Intentional Injury Program.....$242,000
- Worksite Wellness Program.....$240,180

Funding History:

Over the past three years, Nebraska's PHHSBG award amount has stabilized following a decade of steady decline, reducing available funds by more than 40% from 1998 to 2008. In order to make the most efficient use of limited PHHS Block Grant dollars in 2008, funds were shifted from two programs which had acquired other funding. That shift allowed NDHHS to expand support for inadequately funded injury prevention, diabetes control, worksite wellness and local/district health departments. Those funds also allowed Nebraska to address oral health care needs among children from low-income households for the first time in FY2009 and to continue that investment in FY2010 and FY2011.

Law:

Funds are administered through the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Titles I-V (Public Law 78-410); as added by the Omnibus Budget Reconciliation Act of 1981, Title XIX, Part A, Sections 1901-1907 (Public Law 97-35); amended by Preventive Health Amendments of 1984 (Public Law 98-555); Omnibus Programs Extension of 1988 (Public Law 100-607), and Preventive Health Amendments of 1992 (Public Law 102-531). [The Crime Bill of 1994, Violence Against Women Act, which added Section 1910A, Rape Prevention and Education, was repealed in 2000 by Public Law 106-386.]

Funding Rationale: Under or Unfunded, Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, College and/or university, Community health center, County and/or local health department, Dental organization, Minority-related organization, Primary care provider, State health department

Dates:

Public Hearing Date(s):	**Advisory Committee Date(s):**
	9/29/2010

Current Forms signed and attached to work plan:

Certifications: No
Certifications and Assurances: No

Budget Detail for NE 2011 V0 R0	
Total Award (1+6)	$1,626,754
A. Current Year Annual Basic	
1. Annual Basic Amount	$1,584,849
2. Annual Basic Admin Cost	($110,000)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$1,474,849
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$41,905
7. Sex Offense Admin Cost	$0
(8.) Sub-Total Sex Offense Set Aside	$41,905
(9.) Total Current Year Available Amount (5+8)	$1,516,754
C. Prior Year Dollars	
10. Annual Basic	$0
11. Sex Offense Set Aside (HO 15-35)	$0
(12.) Total Prior Year	$0
13. Total Available for Allocation (5+8+12)	$1,516,754

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$1,474,849
Sex Offense Set Aside	$41,905
Available Current Year PHHSBG Dollars	$1,516,754
B. PHHSBG $'s Prior Year:	
Annual Basic	$0
Sex Offense Set Aside	$0
Available Prior Year PHHSBG Dollars	$0
C. Total Funds Available for Allocation	$1,516,754

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
DIABETES PROGRAM	5-5 Diabetes	$186,000	$0	$186,000
Sub-Total		**$186,000**	**$0**	**$186,000**
LABORATORY TESTING PROGRAM	13-1 HIV-AIDS	$60,000	$0	$60,000
	25-1 Chlamydia	$180,000	$0	$180,000
	25-2 Gonorrhea	$27,000	$0	$27,000
Sub-Total		**$267,000**	**$0**	**$267,000**
MINORITY HEALTH PROGRAM	7-11 Culturally appropriate community health promotion programs	$86,000	$0	$86,000
Sub-Total		**$86,000**	**$0**	**$86,000**
ORAL HEALTH PROGRAM	21-12 Dental services for low-income children	$87,350	$0	$87,350
Sub-Total		**$87,350**	**$0**	**$87,350**
PEOPLE, PLACES AND PARTNERS PROGRAM	23-2 Public health access to information and surveillance data	$93,000	$0	$93,000
	23-11 Performance standards	$315,224	$0	$315,224
Sub-Total		**$408,224**	**$0**	**$408,224**
UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM	15-12 Emergency department visits	$20,000	$0	$20,000
	15-20 Child restraints	$100,000	$0	$100,000
	15-27 Falls	$40,000	$0	$40,000
	15-35 Rape or attempted rape	$42,000	$0	$42,000
	18-1 Suicide	$40,000	$0	$40,000
Sub-Total		**$242,000**	**$0**	**$242,000**
WORKSITE WELLNESS PROGRAM	7-5 Worksite health promotion programs	$240,180	$0	$240,180
Sub-Total		**$240,180**	**$0**	**$240,180**
Grand Total		**$1,516,754**	**$0**	**$1,516,754**

State Program Title: DIABETES PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Diabetes Program*** is dedicated to preventing death and disability due to diabetes. The program focuses on people living with diabetes or at risk for developing diabetes and on diabetes care providers. Services are delivered in both rural and urban areas of the state.

Health Priorities: During 2009, 444 Nebraska residents died from diabetes (diabetes was the first-listed cause of death on their death certificate). This number translates into a mortality rate of 22.0 deaths per 100,000 population, age-adjusted to the 2000 US population. Diabetes also remained the seventh leading cause of death among Nebraska residents in 2009.

Primary Strategic Partners:

- External: Community Action Partnership of Western Nebraska; Nebraska Medical Center Diabetes Program, One World Community Health Centers; Santee Public School; CIMRO of Nebraska (Quality Improvement Organization for Nebraska); Certified Rural Health Clinics; Nebraska Heart Institute; Lincoln Lancaster County Health Department; Bryan LGH Medical Center and Husker Sports Marketing
- Internal: NDHHS Cardiovascular Health Program; NDHHS Office of Rural Health; Nutrition and Physical Activity Program; Breast and Cervical Cancer Program; Comprehensive Cancer Program; Health Disparities and Health Equity.

Evaluation Methodology:

- The Public Health Support Unit, Health Statistics and Vital Records, collects and reports data including cause of death data.
- The two contracting diabetes clinics gather data on the number of their patients that undergo A1c tests and compare to pervious year data.
- The Native American school document the the number of students educated and served fruit and vegetable snacks daily, and the number of students participating in additional physical activity (at least 30 minutes per day on 5 or more of the previous 7 days).
- The Nebraska Registry Project tracks the number of clinics that participate in training and a diabetes quality improvement project. In addition, the Registry Project documents A1c levels and other diabetes and cardiovascular disease indicators.
- The "Defend Against Diabetes - Get a Game Plan" Social Marketing campaign will track the number of hits to the campaign website and the number of individuals that participate in campaign events.
- Diabetes and pre-diabetes data from the Behavioral Risk Factor Surveillance System (BRFSS), will monitor the prevalence of diabetes and pre-diabetes along with diabetes risk factors among all adult residents in Nebraska. Data from the BRFSS diabetes modules will be used to monitor (among people who have been diagnosed with diabetes) the proportion who receive certain key preventive health services (A1c tests, dilated eye exams, foot exams, visits to a health professional for diabetes), the percentage who have ever taken a diabetes education class, the proportion of those who practice self-care management (self-monitoring of blood glucose, foot self-exams, and the prevalence of retinopathy or related symptoms). Questions about the "Defend Against Diabetes" Campaign will be added to the BRFSS survey to determine statewide awareness of the campaign.

State Program Setting:

Community health center, Medical or clinical site, Schools or school district, Tribal nation or area, University or college, Other: Website and Statewide Radio

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Community Health Nurse III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Title: Program Manager I
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.75

National Health Objective: HO 5-5 Diabetes

State Health Objective(s):

Between 10/2009 and 09/2014, **Maintain the diabetes death rate at no more than 75 per 100,000 population.**
(This rate pertains to those deaths where diabetes was mentioned anywhere on the death certificate.)

Baseline:
During the most recent year for which we now have death data (2009), the diabetes-related mortality rate for Nebraska residents was 81.6 (deaths per 100,000 population, age-adjusted to the 2000 US population). This rate is based on the 1,675 deaths where diabetes was listed anywhere on the death certificate.

Data Source:
NDHHS Vital Statistics Report, based on death certificates.

State Health Problem:

Health Burden:
People with diabetes experience death rates two to four times greater than people without diabetes. Diabetes increases the risk of cardiovascular disease, blindness, renal failure and amputation.

- In 2009, an estimated 7.5% of Nebraska adults had diagnosed diabetes, which is a significant increase from the rate of 4.4% recorded just over a decade ago in 1995.
- In 2006, the direct and indirect cost of diabetes in Nebraska totaled approximately $809 million.

Target Population:
Number: 100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 60,000

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Behavioral Risk Factor Surveillance System, American Diabetes Association, Vital Statistics, Youth Risk Behavioral Surveillance System.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Diabetes Control and Complications Trial, 1993.

American Diabetes Association, Clinical Practice Recommendations, 2010.

American Diabetes Association, Position Statement on Nutrition Services in Schools, 2009.

Health Resources Services Administration (HRSA), Planned Care Model/Chronic Care Model is the basis for Nebraska's Registry Partnership.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $186,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $75,000
Funds to Local Entities: $31,800
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Primary prevention among Native American children

Between 10/2010 and 09/2011, Diabetes Program and Santee Public School will provide nutrition education curriculum, increased servings of fruits and vegetables and increased opportunities to participate in physical activity each day in order to help prevent obesity and to **serve 100** students attending the Native American School.

Annual Activities:

1. Eliminate Risk Factor

Between 10/2010 and 09/2011, Contract with a Native American School (Santee Public School) and continue to maintain the consumption of fruits and vegetables and the engagement in physical activity.

- Incorporate "Fruits and Veggies More Matters" curriculum for elementary students to provide activities and learning experiences to increase fruit and vegetable consumption.
- Provide fruit and vegetable snack each day.
- Provide one fruit and one grain serving at breakfast each day.
- Arrange for increased levels of mandatory daily physical activity among at least 100 students in grades 1 through 12. (Grades 1-6 will participate in 75-150 minutes of physical activity per week. Grades 7-12 will participate in 150-225 minutes per week.)

Objective 2:

Increase awareness of the prevention and control of diabetes.

Between 10/2010 and 09/2011, Diabetes Program and Defend Against Diabetes Task Force will increase the number of individuals that are aware of diabetes prevention strategies from 0 to **1,000 persons**.

Annual Activities:

1. Conduct Defend Against Diabetes-social marketing campaign

Between 10/2010 and 09/2011,

- Develop campaign messages.
- Air radio messages.
- Convene task force monthly.
- Conduct Diabetes awareness event.

Essential Service 7 – Link people to services

Objective 1:

Diabetes Clinical Interventions

Between 10/2010 and 09/2011, Diabetes Program, Community Action Partnership of Western Nebraska, Nebraska Medical Center working at OneWorld Community Health Center and Participating Certified Rural Health Clinics will increase the number of clients with diabetes enrolled in community-based programs or who are participating at clinics served by the Nebraska Registry Partnership (NRP) Clinics that had at least one A1c test performed during the previous 12 months from 46% of community-based program clients to **51% of community-based program clients**.

Annual Activities:

1. Diabetes self-care

Between 10/2010 and 09/2011, Contract with two community-based clinics serving primarily minority and low-income clients (Community Action Partnership of Western Nebraska and Nebraska Medical Center Diabetes Program at One World Community Health Center) to provide evidence-based diabetes patient education and interventions, reaching a total of at least 90 new patients with diabetes.

- Community Action Partnership of Western Nebraska (CAPWN) will provide culturally appropriate education and interventions for 50 new individuals with diabetes: provide and conduct 12 diabetes education sessions, one-on-one diabetes education, smoking cessation information to currently enrolled persons and newly referred persons. CAPWN will continue to participate in Diabetes Collaborative activities (initiative of the Bureau of Primary Health Care to improve diabetes systems change in clinics.)

- The Nebraska Medical Center (NMC) Diabetes Program will provide evidence-based culturally appropriate diabetes patient education and materials to 40 patients at OneWorld Community Health Center. NMC will conduct one-on-one education sessions.

2. Nebraska Registry Partnership

Between 10/2010 and 09/2011, Provide technical assistance and training to 9 clinics participating in the Nebraska Registry Partnership (NRP) based on the Planned Care Model and evidence-based diabetes and cardiovascular standards of care. Technical assistance will include implementation and evaluation of a Clinic-based Diabetes Quality Improvement Project,clinic data interpretation, and educational offerings to clinics. The NRP is a web-based diabetes and cardiovascular electronic registry which documents diabetes and cardiovascular indicators. (Indicators include A1c, eye exam, foot exam, microalbumiuria, pneumonia immunization, flu immunization, blood pressure, cholesterol, HDL, LDL, triglycerides, aspirin use, tobacco assessment, tobacco education, and weekly exercise.)

Develop a long-term comprehensive evaluation plan for the NRP.

State Program Title: LABORATORY TESTING PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Laboratory Testing Program*** is dedicated to limiting infection with two Sexually Transmitted Diseases (STDs), Chlamydia and Gonorrhea, as well as Human Immunodeficiency Virus (HIV) in Nebraska. It provides free testing at selected sites for residents of Nebraska who are at risk of infection with of HIV and STDs. Subsidizing the cost of laboratory testing makes testing accessible to all, increases awareness and ultimately helps prevent the spread of infection.

The Laboratory Testing Program helps to accomplish the goals of two statewide disease control programs:

- NDHHS Sexually Transmitted Disease Program aims to control and prevent sexually transmitted diseases and reduce the burden and cost of these infections. By finding cases among high risk populations at public clinics, the overall rate will be reduced.
- NDHHS HIV Prevention Program aims to lower HIV infection, illness and death rates and create an environment of leadership, partnership and advocacy which fosters HIV prevention and the provision of services. By finding cases among high risk populations attending counseling and testing sites, the overall rate will be reduced.

Health Priorities:

STDs:

- Chlamydia is the most common STD in Nebraska, accounting for 5,553 cases in 2009.
- Gonorrhea is the second most common STD in Nebraska, accounting for 1,384 cases in 2009.

HIV/AIDS: During 2009, a total of 146 persons were diagnosed with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska while 1,673. persons were living with AIDS.

Primary Strategic Partnerships:

STDs: STD Clinics, Family Planning Facilities, Correctional Centers, Student Health Centers, Indian Health Services, Substance Abuse Centers and other medical facilities seeing persons with high-risk behaviors. Contractor: Nebraska Public Health Laboratory at UN Medical Center.

HIV/AIDS: Local Health Departments, Title X Family Planning Clinics, Public Health Centers, Correctional Facilities, Community Based Organizations which provide HIV counseling and testing services across the state of Nebraska. Contractors: Nebraska Public Health Laboratory at UN Medical Center, Heritage Laboratories in Kansas, Center for Disease Detection in Texas.

Evaluation Methodology:

Progress is tracked through the following means:

STDs: Monitoring performance of laboratory contractor through reports and billing, calculation of rates using U.S. Census figures for comparison, calculation of cost benefit using CDC formula.

HIV/AIDS: Monitoring performance of laboratory contractors through lab testing documents and billing, and clinic patient service forms, generating data using Counseling and Testing (CTS) and Program Evaluation and Monitoring System (PEMS).

State Program Setting:

Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Rape crisis center, Tribal nation or area, University or college, Work site, Other: Corrections facilities, Libraries, Haunted houses, concerts

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 13-1 HIV-AIDS

State Health Objective(s):

Between 10/2010 and 09/2015, **increase the percentage of high-risk persons among those tested to at least 70%.**

Baseline:
Of the 5,924 tests performed in 2000, 3,672 or 62% were high risk clients.

Data Source:
Nebraska's HIV Prevention Counseling, Testing and Referral Program.

State Health Problem:

Health Burden:

- **HIV/AIDS Incidence:** As of the end of 2006, a total of 2,241 persons had been reported with Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) in Nebraska; of these 35% are known to have died. During 2006, 117 new cases of HIV and AIDS were diagnosed, reflecting an incidence rate of 6.7 cases per 100,000 population.

- **Prevalence:** At the end of 2006, 1,397 Nebraska residents were known to be living with HIV/AIDS (PLWHA). However, since not all persons infected with HIV are aware of their status, it is estimated that there were between 2,182 and 2,489 persons currently living in Nebraska with HIV disease. New prevalence data is continuing to be compiled and completed as there have been barriers within the system responsible for surveillance. DHHS hopes to have more current data available after the 2010 grant year.

- **Overall AIDS Trends --** From 1983 to 2006, a total of 1,487 incident AIDS cases have been diagnosed among Nebraska residents. Since reporting of AIDS cases first started in 1983, the number of cases per year increased rapidly, reaching a peak of 99 cases in 1992. The number of AIDS cases remained stable from 1992 through 1995. Beginning in 1996, both the number of newly diagnosed AIDS cases and the number of deaths among AIDS cases declined sharply. This is primarily due to the success of new antiretroviral therapies including protease inhibitors. These treatments do not cure, but can delay progression to AIDS among persons with HIV (non-AIDS) infection and improve survival among those with AIDS. Since 1998, the number of reported AIDS cases in Nebraska has varied from 60 to 80 cases per year.

Target Population:

Number: 6,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Program Evaluation and Monitoring System (PEMS) and Enhanced HIV/AIDS Reporting System (eHARS)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Confirmation testing for HIV follows the process outlined by the Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health-Care Settings, published by CDC, MMWR, September 22, 2006/55 (RR14); 1-17.

HIV counseling, testing and referral services follow the Revised Guidelines for HIV Counseling, Testing and Referral: Technical Expert Panel Review of CDC HIV Counseling, Testing and Referral Guidelines, published by the CDC MMWR, November 9, 3001/50 (RR19); 1-58.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $60,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $60,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
HIV Lab Testing

Between 10/2010 and 09/2011, the HIV Program, through contracting laboratory services, will maintain **6,000** tests conducted; providing anonymous and confidential HIV testing at no cost to the client, in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:

1. HIV Samples Tested

Between 10/2010 and 09/2011, contract for laboratory testing on samples.

Number of tests to be completed using PHHSBG funds:
- 2,450 HIV EIA tests at $20.50 per test
- 39 HIV Western Block tests at $94 per test

National Health Objective: HO 25-1 Chlamydia

State Health Objective(s):

Between 10/2010 and 09/2015, **A. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 6.0 percent positive.**

B. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 14.0 percent positive.

C. Reduce the prevalence of *Chlamydia trachomatis* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 17.4 percent positive.

Baseline:

Target and baseline: Nebraska

Objective	Reduction in *Chlamydia trachomatis* infections	2006 Baseline	2015 Target
		Percent	
25-1a.	Females aged 15 to 34 years attending family planning clinics	6.0	6.0
25-1b.	Females aged 15 to 34 years attending STD clinics	16.9	14.0
25-1c.	Males aged 15 to 34 years attending STD clinics	18.4	17.4

Data Source:

Data source STD Program (STD*MIS/ELIRT)

State Health Problem:

Health Burden:

STDs: The number of cases and rate (per 100,000 population) during a 5 year period in the general population is as follows:

- **Chlamydia**:

2005 -- 5,080 cases -- rate 1033.9 cases per 100,000 population (target population 49,1312 est)
2006 -- 5,451 cases -- rate 1106.0 cases per 100,000 population (target population 492,822 est)
2007 -- 5,149 cases -- rate 1108.3 cases per 100,00 population (target population 494,551 est)
2008 -- 5,539 cases -- rate 1111.3 cases per 100,000 population (target population 498,384 est)
2009 -- 5,322 cases -- rate 1057.1 cases per 100,000 population (target population 503,422 est)

Target Population:
Number: 503,422
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 25,616
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female
Geography: Rural and Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: U.S. Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: CDC Region VII IPP Advisory Group Committee 2009, BD ProbTec package insert, and CLIA and CAP guidelines of good laboratory practice.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $180,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $180,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
Chlamydia/Gonorrhea Testing
Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, will maintain **13,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:
1. Chlamydia Samples Tested
Between 10/2010 and 09/2011, provide testing on samples from 131 provider sites. Numbers of tests to be completed:
Chlamydia/Gonorrhea BD Amplified Tests= 16,465
Chlamydia/Gonorrhea BD Urine Tests= 11,056

National Health Objective: HO 25-2 Gonorrhea

State Health Objective(s):

Between 10/2010 and 09/2015,
A. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending Family Planning clinics to no more than 0.4 percent positive.

B. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult females, aged 15 to 34 years, attending STD clinics to no more than 5.6 percent positive.

C. Reduce the prevalence of *Gonorrhea* infections among Nebraska's adolescent and young adult males, aged 15 to 34 years, attending STD clinics to no more than 7.5 percent positive.

Baseline:

Target and baseline: Nebraska

Objective	Reduction in *Gonorrhea* infections	2006 Baseline	2015 Target
		Percent	
25-2a.	Females aged 15 to 34 years attending family planning clinics	0.6	0.6
25-2b.	Females aged 15 to 34 years attending STD clinics	5.7	5.6
25-2c.	Males aged 15 to 34 years attending STD clinics	7.6	7.5

Data Source:

Data STD-mis Program

State Health Problem:

Health Burden:
STDs: The number of cases and rate (per 100,000 population) for each a 5 year period is as follows:

- **Gonorrhea**

2005 -- 5,080 cases -- rate 235.6 cases per 100,000 population (target population 49,1312 est)
2006 -- 5,451 cases -- rate 292.3 cases per 100,000 population (target population 492,822 est)
2007 -- 5,149 cases -- rate 291.5 cases per 100,00 population (target population 494,551 est)
2008 -- 5,539 cases -- rate 287.1 cases per 100,000 population (target population 498,384 est)
2009 -- 5,322 cases -- rate 263.1 cases per 100,000 population (target population 503,422 est)

Target Population:
Number: 503,422
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 25,616
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years
Gender: Female
Geography: Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: U.S. Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: CDC Region VII IPP Advisory Group Committee 2009, BD ProbTec package insert, and CLIA and CAP guidelines of good laboratory practice.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $27,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $27,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
Chlamydia/Gonorrhea Testing
Between 10/2010 and 09/2011, the STD Program, through contracting laboratory services, will maintain **13,000** tests conducted for sexually transmitted diseases at no cost to the client; reporting results in order to facilitate follow-up on infected people, the aim of which is to assure change in risk behaviors and prevention of additional infection.

Annual Activities:
1. Gonorrhea Samples Tested
Between 10/2010 and 09/2011, contract with laboratory to provide testing on samples from 131 provider sites. Numbers of tests to be completed:
Chlamydia/Gonorrhea BD Amplified Tests= 16,465
Chlamydia/Gonorrhea BD Urine Tests= 11,056
GC cultures= 1,368

State Program Title: MINORITY HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Minority Health Program*** is dedicated to reducing disparities in health status among racial ethnic minorities residing in Nebraska.

Health Priorities: The PHHS Block Grant supports a portion of the NDHHS Office of Health Disparities and Health Equity, which has as its Priority Issues:

- Identify disparities among racial ethnic minorities
- Establish and maintain behavioral risk surveillance system for sub-minority groups and refugees
- Improve access to culturally competent and linguistically appropriate health services for racial/ethnic minorities
- Improve data collection strategies for racial ethnicand other vulnerable populations
- Increase racial ethnic minority representation in science and health professions
- Expand community-based health promotion and disease prevention outreach efforts to the aforementioned populations.

Specifically, the PHHS Block Grant-funded activities help assure that community health interventions and health promotion services are culturally tailored and linguistically appropriate in order to reduce health disparities.

Primary Strategic Partners: Local health departments, health care providers, community- and faith-based organizations, Native American tribes, the Nebraska Minority Public Health Association, the Statewide Minority Health Council, Public Health Association of Nebraska, and Minority Health Initiative grantees.

Evaluation Methodology: The Minority Health Program includes outcome and process evaluation methods:

- Pre and post tests on knowledge gained at education events
- Copies of publications printed: 2009 edition of the Nebraska Health Status of Racial and Ethnic Minorities report, report cards and public health policy briefs on minority and disparity health issues
- Report on results of and recommendations for the oversample Minority Behavioral Risk Factor Survey
- Follow up participant evaluations after presentations of cultural competency curriculum
- Invitation and Attendance records, with follow upto determine reasons why invited participants did not attend

State Program Setting:

Community based organization, Community health center, Local health department, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Data Assistant
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1
Total FTEs Funded: 1.00

National Health Objective: HO 7-11 Culturally appropriate community health promotion programs

State Health Objective(s):

Between 10/2009 and 09/2015, identify current health disparities and health needs among racial ethnic minorities, Native Americans, refugees, and newly-arrived immigrants, as well as other vulnerable, at-risk populations in Nebraska. Based on identified disparities and needs, work to equalize health outcomes and reduce health disparities through education to racial ethnic minority, Native American, refugee, and newly-arrived immigrant populations in Nebraska; and health care providers who serve these populations.

Baseline:

Baseline data: 2004 Disparities report, 2007 BRFSS data, 2007 Vital Statistics report
2010 Unnatural Causes meeting summaries and recommendations, 2010 Community meeting summaries

Data Source:
Office of Health Disparities and Health Equity

State Health Problem:

Health Burden:
Nebraska's Behavioral Risk Factor Surveillance System (BRFSS) Report for FY2004 to 2006 shows that racial and ethnic minority groups in Nebraska are generally at greater risk for premature death and disability than the white population of the state.

- African Americans and Native Americans generally reported poorer health status and greater prevalence of some risk behaviors.
- Hispanics and African Americans were less likely to have received certain recommended screenings and preventive care.
- Although Asian Americans were less likely to show significant differences when compared to white Nebraskans, like the other three racial ethnic minority groups, they were less likely than white Nebraskans to have access to high-quality health care.

Note: To increase the number of racial and ethnic minority respondents, a separate “minority oversample” survey was conducted in 2004, 2005 and 2006.

A September 2009 report called "Health Status of Racial and Ethnic Minorities in Nebraska" details health status disparities, including;

- The death rate due to diabetes is 4.8 times as high for Native Americans and 3.6 times as high for African Americans, as the rate for white Nebraskans.
- In 2003-2007, African Americans had the highest rate of cancer of any racial ethnic group in Nebraska, 242.4/100,000 population, compared to a rate of 175.8/100,000 for whites.
- During 2002-2006, the incidence of diagnosed cases of HIV/AIDS for African Americans is 13.9 times the white rate and for Native Americans (5.4 times) and Hispanics (4.7 times).
- Mortality rate due to suicide is 2.1 times as high for Native Americans as the rate for whites.
- The average life expectancy for the state of Nebraska in the three-year period, 2002-2004 was 78.9 years for whites, 72.2 years for African Americans and 70.7 years for Native Americans.
- Heart disease is the leading cause of death among African Americans, Native Americans, and whites in Nebraska. African Americans have the highest rate of mortality (228.3 deaths per 100,000 population) and are 1.3 times as likely to die of heart disease as whites. Native Americans have the second highest rate of heart disease mortality (192.4/100,000) and are 1.1 times as likely to die of the disease as whites.

Target Population:
Number: 216,769
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 216,769
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: U.S. Census estimates 2005-2007

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: National Standards on Culturally and Linguistically Appropriate Services CLAS (US Department of Health and Human Services, Office of Minority Health.)

Report to Congress: Assessment of the Total Benefits and Costs of Implementing Executive Order No. 13166: Improving Access to Services for Persons with Limited English Proficiency (US Department of Health and Human Services, Office of Minority Health)

BRFSS: The guidelines for doing BRFSS surveys was developed by the CDC - Behavioral Surveillance Branch, called the Behavioral Risk Factor Surveillance System Operational and User's Guide.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $86,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $35,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Data Collection and Analysis

Between 10/2010 and 09/2011, the Office of Health Disparities and Health Equity will analyze **3** data sources (Behavioral Risk Factor Surveillance data, American Community survey, and census data) to identify health disparities among various racial, ethnic, gender and socioeconomic groups throughout Nebraska.

Annual Activities:

1. Rural Health Disparities

Between 10/2010 and 09/2011, analyze data sets to identify disparities in health between rural and urban populations in Nebraska. Identify leading causes of death for rural populations who face different issues when it comes to health and health care. Some social determinants of health have greater impact, such as:

- Access to quality health care services
- Access to usual source of on-going care
- Small representation of female or minority physicians
- Health insurance coverage
- Access to adequate employment opportunities
- Poverty
- Unintentional injury accidents
- Educational attainment
- Limited English Proficiency (LEP) population in rural counties
- Language Services and access in rural counties

The impact of social determinants of health have resulted in the following health outcomes for rural residents:

- Lower number of those receiving preventive screenings for various diseases
- Higher prevalence of chronic diseases, such as heart disease and cancer

2. Gender Disparities

Between 10/2010 and 09/2011, analyze data sets to identify disparities in health between males and females in Nebraska. Identify leading causes of death by gender. Verify whether:

- Women are at greater risk for some diseases than men; similarly, men are at greater risk for some diseases than women.
- Women, particularly those with low income, are at a slightly greater risk for cardiovascular disease due to being uninsured or not insured, and not getting health screenings to detect warning signs of certain diseases.
- Low income women are more likely to smoke and be overweight.

3. Socioeconomic Status by Congressional District

Between 10/2010 and 09/2011, analyze data sets to identify major socioeconomic disparities, including:

- Housing tenure
- Average household income
- Disability status
- Employment status
- Poverty rate

Produce fact sheets reporting socioeconomic factors that cause disparities within each congressional district of Nebraska.

4. Summary of Census 2010 Data
Between 04/2011 and 09/2011, analyze the United States Census 2010 data to identify the changes in race, ethnicity, and total population within Nebraska.

In the coming months, the Census Bureau will release data for a variety of geographic areas or redistricting purposes. Data items such as race, ethnicity, voting age, and housing tallies will be released no later than April 1, 2011. Analysis will begin as soon as data becomes available.

Census Bureau data will be used to identify major changes in population distribution and growth among minority groups throughout Nebraska.

5. Mapping Nebraska Disparities
Between 10/2010 and 09/2011, create maps displaying major health disparities throughout Nebraska. The leading causes of death will be identified and mapped for each racial and gender group.

6. Surveillance Data Collection
Between 10/2010 and 09/2011, survey minority populations using the Behavioral Risk Factor Surveillance System and Minority BRFSS, adding race, demographic, and social context questions to the survey completed by UNMC.

Essential Service 3 – Inform and Educate

Objective 1:
Community Meetings
Between 10/2010 and 09/2011, the Office of Health Disparities and Health Equity will conduct **6** community meetings to educate and gather feedback from minority populations about health issues within their communities.

Annual Activities:
1. Infant Mortality Community Meetings
Between 10/2010 and 09/2011, hold community meetings with Asian women and their families to discuss practices that contribute to better health outcomes for pregnant women, childbirth, and newborns. The project will also include Limited English Proficiency (LEP) populations in rural and urban areas and other at-risk or vulnerable populations.

- Each community meeting will include a guided discussion and a set of questions to be answered.
- Responses will be quantified and classified into categories to establish a connection between practices and related outcomes.
- A consolidated report of findings will be prepared elaborating on the results of meetings.

2. Unnatural Causes Follow-Up Events
Between 02/2011 and 08/2011, conduct 6 events to follow-up on Unnatural Causes screenings. Meetings will be held in a mini-conference format, approximately 4 hours long, in the cities of Alliance, North Platte, Grand Island, Norfolk, Omaha, and Lincoln. Locations were selected because of their racial ethnic minority make-up and their "hub" location and ability to draw from surrounding communities. Events will emphasize how well-being is not just a matter of making good choices and having access to quality care.

Objective 2:

Need Assessment

Between 10/2010 and 09/2011, the Health Disparties and Health Equity will conduct **2** needs assessments. The Somali communities will self-identify gaps between current and desired circumstances and identify priorities, barriers, and prioritize activities. An Every Woman Matters (EWM) project will increase African American and Hispanic women participation in the EWM program and improve screening rates.

Annual Activities:

1. Identifying gaps in Somali Communities

Between 10/2010 and 09/2011, document the Somali community self-identified gaps, whether or not they are directly related to health, both the current and desired situation, based on:

- Performing a gap analysis to identify the current situation in Nebraska
- Identifying barriers for change, possible solutions, and growth opportunities
- Identifying priorities, resources, action steps and prioritizing activities

The gap analysis will include training four Somali Lay Health Ambassadors, developing the questionnaire, recruiting participants, and analyzing data and preparing the report.

2. Increasing Enrollment in EWM Program

Between 10/2010 and 09/2011, increase enrollment of African American women and Hispanic women in the Every Woman Matters (EWM) program and improve low screening rates for Douglas County, Sarpy County, and the areas surrounding Grand Island, North Platte, Lexington, and Scottsbluff cities. Sixteen focus groups will be held to identify why African American and Latinas women are dropping out of the program and possible barriers to participation.

State Program Title: ORAL HEALTH PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Oral Health Program*** is dedicated to providing oral health care and preventive services, reducing the unmet dental needs of children from low-income and minority households in Nebraska. The PHHS Block Grant funded Oral Health Program leveraged HRSA funds and now coordinates services with the"Oral Health Access for Young Children Program:

Health Priorities:
Dental decay is a significant public health problem for Nebraska children. A school based survey conducted in 2005 showed that approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health status and nearly 30% of children from low income schools have untreated dental decay. Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

Primary Strategic Partners: Local/District Health Departments, University of Nebraska College of Dentistry, Creighton University School of Dentistry, Central Community College Dental Hygiene Program, Federally Qualified Health Centers and local pediatric dentists,

Evaluation Methodology: Subawardees collect data on oral health services, including demographics and specific procedures rendered; conduct process review involving staff, dental professionals and translators aimed at quality improvement. An oral health surveillance system, modeled after the National Oral Health Surveillance System of the Association of State and Territorial Dental Directors (ASTDD).

State Program Setting:
Child care center, Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 21-12 Dental services for low-income children

State Health Objective(s):
Between 10/2010 and 09/2015, decrease by 5% the percentage of third graders in Nebraska who have untreated dental decay.

Baseline:

17%

Data Source:
Open Mouth Survey, 2005

State Health Problem:

Health Burden:
The 2005 *Open Mouth Survey,* Nebraska's first-ever statewide assessment of oral health among children in 3rd grade in the State of Nebraska, found that dental decay is a significant public health problem for Nebraska school children.

- After receiving training on conducting standardized assessments, dentists visited fifty-five schools across the state and examined the mouths of 2,057 students. Approximately 60% of the children surveyed had experienced dental decay by the third grade, almost 17% have untreated dental decay and 13% had decay in seven or more of their teeth.

- Although dental sealants are a proven method of preventing dental disease, only half the children had received this preventive care.

- According to the survey, children from lower-socioeconomic backgrounds tend to have worse oral health and nearly 30% of children from low income schools have untreated dental decay.

- Minority children (African American and Hispanic) experience poorer oral health, with approximately 28% of minority children having untreated dental decay and 20% having rampant decay (seven or more teeth with decay experience).

This assessment was modeled upon the instrument developed by the Association of State and Territorial Dental Directors (ASTDD).

Target Population:
Number: 1,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 400
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: "Open Mouth" School Based Oral Health Survey

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: March 2009 report titled “Increasing Access to Dental Care in Medicaid: Targeted Programs for Four Populations,” the National Academy for State Health Policy makes a case for providing preventive oral health services for young children and includes broadening service delivery sites as promising strategies.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $87,350
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $40,000
Funds to Local Entities: $87,350
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Expand Educational Efforts
Between 10/2010 and 09/2011, the NDHHS Office of Oral Health and Dentistry and Oral Health Stakeholders will distribute oral health education through selected media to **at least 100** public health agencies, oral health clinics and child advocacy providers.

Annual Activities:
1. Media Distribution
Between 10/2010 and 09/2011, Identify oral health media, developed by local, state or national oral health programs, duplcate and distribute in collaboration with oral health stakeholders across the state.

2. Education of Primary Care Providers
Between 10/2010 and 09/2011, Collaborate with the HRSA funded "Oral Health Access for Young Children" to educate primary care providers and encourge application of fluorided varnish in primary care settings.

Essential Service 7 – Link people to services

Objective 1:
Preventive/Evaluative Care
Between 10/2010 and 09/2011, NDHHS Office of Oral Health and Dentistry with contractors will provide evaluative clinics and preventive care for children, oral health education and materials for children and parents, and referral to restorative care to **1,000** children and youth.

Annual Activities:
1. Evaluative Clinics and Preventive Services
Between 10/2010 and 09/2011, contract with at least two local/district health departments to provide preventive and evaluative services to at least 500 children and youth. Provide evaluative clinics including fluoride vanish and antimicrobial application, tooth brushing programs at grade schools, and education of parents and caregivers.

Objective 2:

Restorative Care

Between 10/2010 and 09/2011, DHHS Office of Oral Health and Dentistry with contractors will provide restorative dental care procedures to **100** children without a dental home or other sources of oral health care.

Annual Activities:

1. Restorative Clinics

Between 10/2010 and 09/2011, contract with at least two local/district health departments to organize and conduct restorative clinics to provide at least 200 specific procedures or referrals to restoriative care.

State Program Title: PEOPLE, PLACES AND PARTNERS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***People, Partners and Places Program*** is dedicated to supporting and strengthening Nebraska's capacity to protect the health of everyone living in Nebraska primarily through organized governmental agencies, specifically the state health department and local/regional health departments. *(The program name was chosen to clarify the fundamental parts of public health infrastructure.)*

Health Priorities: NDHHS selected as priority activities: assuring availability of health data necessary to planning and evaluating health programs and increasing the effectiveness of health department staff:

- Maintaining information and data resources at the state level in order to respond to requests for information from the local level, enable public health entities to conduct community needs assessment and provide a basis for formulating health policies and appropriate intervention strategies.
- Facilitating strategic planning at the state and local level, instituting performance standards and maintaining a well-trained public health workforce, critical to the success of all of the activities carried out by the NDHHS.
- Capacity building at the local level to provide all three Core Functions of Public Health and carry out all Ten Essential Services of Public Health.

Primary Strategic Partnerships:

- BRFSS: Survey and study partners: External -- CDC, Local Public Health Departments, University of Nebraska Medical Center. Internal -- NDHHS programs including Child Protective Services, Mental Health, Tobacco Free Nebraska, Nebraska State Patrol, Comprehensive Cancer Program . Users of survey results and reports -- Legislators, NDHHS programs, Local Public Health Departments, University of Nebraska, Voluntary Associations, general public (both printed and electronic data access).
- Health Data: External -- Local health departments, university researchers, university educators of health professionals, community-based organizations. Internal -- NDHHS Offices and Units within the Division of Public Health.
- Community Health Development: Local Public Health Departments (County and District), Public Health Association of Nebraska, NACCHO, NALBOH, ASTHO, Nebraska Public Health Law Committee, Nebraska Turning Point Committee, UNMC College of Public Health.

Evaluation Methodology:

- BRFSS: Survey documents and reports, disposition codes for every call, surveyor training records, call monitoring and call back records by supervisors, response rate calculation. The Nebraska BRFSS Unit strives to maintain a high Council of American Survey Research Organizations (CASRO) rates.
- Health Data: Report completion dates, data request response dates, data quality assurance procedures, and feedback from users of data.
- Community Health Development: Observation of operations of local public health departments, Reports from Local Public Health (LHD) Departments (including copies of their Health Improvement Plans, Performance Standards Assessment Results, Annual LHD Reports), Reports from Contractors, Observation of Presentations by LHD staff.
- PHHS Block Grant Coordinator: Written twice-yearly reports from all subaward projects, site visit reports, personal and telephone contact.

State Program Setting:

Community based organization, Local health department, Schools or school district, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Health Program Manager II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Statistical Analyst III
State-Level: 35% Local: 0% Other: 0% Total: 35%
Position Title: Lead Program Analyst
State-Level: 34% Local: 0% Other: 0% Total: 34%
Position Title: Administrative Assistant I
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 4
Total FTEs Funded: 2.69

National Health Objective: HO 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 10/2010 and 09/2015, **maintain Nebraska's health surveillance system at the state and local level and develop processes for collection and analysis of needed health data on all populations for use in development of health status indicators. Information will be provided to at least ten types of end users (decision makers, health planners, health program staff, medical and health professionals, community coalitions, and the public).**

Baseline:
6 major health databases and 20,000 completed surveys annually

Data Source:
NDHHS

State Health Problem:

Health Burden:
The Nebraska Department of Health and Human Services must collect and analyze data in order to increase knowledge of reported health behaviors, track achievement of objectives, evaluate the success of interventions and complete reporting for the PHHS Block Grant. It is logical that a portion of Nebraska's PHHS Block Grant funds be used to support the data system.

"The third component of infrastructure development is information and data resources. Accurate and timely data must be available to conduct community and statewide needs assessments as well as provide a basis for formulating health policies and appropriate intervention strategies. Greater efforts are needed to link databases together and make data more accessible for people at the local level. Greater efforts should also

be made to collect and analyze new data that will more clearly identify health needs." [Source: *Turning Point: Nebraska's Plan to Strengthen and Transform Public Health in Our State, 1999]*

Nebraska's Governor Dave Heineman's statement is to be the source of reliable data on health information in Nebraska and help in pursuing programs that address the state's most challenging health issues. In addition, one of the top five priorities for NDHHS, Division of Public Health is to become the trusted source of state health data.

Target Population:
Number: 7,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:
Number: 40
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: BRFSS: The guideline for doing BRFSS surveys was developed by CDC - Behavioral Surveillance Branch, called the Behavioral Risk Factor Surveillance System Operational and User's Guide.

Health Data: Toward a Health Statistics System for the 21st Century: Summary of a Workshop.

http://www.nap.edu/openbook/0309075823/html, copyright, 2000 The National Academy of Sciences.

The Future of the Public's Health in the 21st Century (2002).
http://www.nap.edu/openbook/030908704X/html/96.html, copyright 2002, 2001 The National Academy of Sciences.

CHD Unit: The Future of Public Health and The Future of the Public's Health in the 21st Century (Institute of Medicine of the National Academies)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $93,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Data and Surveillance

Between 10/2010 and 09/2011, NDHHS staff will provide health data to **5,000** users of data.

Annual Activities:

1. Data Collection and Analysis

Between 10/2010 and 09/2011, Identity 492 health indicators, populate a multi-sheet spreadsheet with current data for these 492 indicators for use by local health departments, update and execute analysis programs, generate and disseminate reports electronically, write narrative highlights of data analysis, and consult with Information Systems & Technology (IS&T) programmers regarding a Behavioral Risk Factor Surveillance (BRFSS) Query-System.

2. Final Progress Report for Healthy People 2010

Between 10/2010 and 09/2011, Analyze current data for Nebraska Healthy People 2010 objectives and determine progress toward target rates from baseline rates for each objective. Prepare final report, including tables, charts and narrative.

Objective 2:

Increase usage of BRFSS minority survey data

Between 10/2010 and 09/2011, Contractor Abt Associates (Mike Battaglia) will develop **1** new procedure and guideline on how to re-weight BRFSS minority oversample responses and merge state sample with minority sample together.

Annual Activities:

1. Explore options

Between 10/2010 and 09/2011, explore the options available to allow for the greatest use and representativeness of the Minority Oversample data from 2001 through 2010.

2. Identify re-weighting procedures

Between 10/2010 and 09/2011, Identify some promising techniques that could greatly enhance the use of BRFSS minority oversampling and state survey data.

3. Develop guidline for re-weighting method

Between 10/2010 and 09/2011, develop a guideline on how to use the new re-weighting method

Objective 3:

Conduct BRFSS survey and data reports

Between 10/2010 and 09/2011, Contractor UNMC will collect **20,000** completed telephone and mail BRFSS interviews and produce reports for state agency and local health departments.

Annual Activities:

1. Conduct BRFSS survey

Between 10/2010 and 09/2011, contract with UNMC to compile 20,000 completed BRFSS interviews on 3 questionnaires.

2. Provide technical assistance for BRFSS data users

Between 10/2010 and 09/2011, contract with UNMC to provide technical assistance to state agency and local health departments.

3. Determine BRFSS user needs

Between 10/2010 and 09/2011, determine BRFSS user needs for assistance in conducting point-in-time surveys, question development and special analysis

4. Provide BRFSS reports
Between 10/2010 and 09/2011, provide BRFSS reports and fact sheets for state agency and local health departments.

National Health Objective: HO 23-11 Performance standards

State Health Objective(s):

Between 10/2009 and 09/2014, **Increase the capacity of Nebraska's governmental public health agencies to carry out all 3 Core Functions and all 10 Essential Services of Public Health, focusing primarily on the funded programs within the NDHHS Division of Public Health and 18 LB692 Local/District Public Health Departments.**

(Note: LB692 was the legislative bill under which the current system of district health departments was established and is funded beginning in May 2001. For the first time, all 93 Nebraska counties are covered by local/district health departments.)

Baseline:
16 county or local health agencies existed prior to implementation of LB692, covering just 22 of Nebraska's 93 counties.

Data Source:
Nebraska Department of Health and Human Services (NDHHS)

State Health Problem:

Health Burden:
The approach to the problem was based on the following assumptions:

1. That improving the ability of Nebraska Department of Health and Human Services (NDHHS) programs to carry out the core functions of public health will improve the health status of all Nebraska residents and narrow the disparity in health status between minority and majority populations.
2. That improving the capacity of Nebraska's local/district health departments to carry out the 3 Core Functions and 10 Essential Services of Public Health requires developing performance standards, training the public health workforce and facilitating health improvement planning.
3. That conducting surveys and gathering health-related data, analyzing survey findings and health data trends, and reporting reports and setting goals will help guide the rational development of health interventions to protect health and safety of all.
4. That carrying out coordination and monitoring of funded programs will improve their quality and increase their adherence to sound principles of public heath, including use of science-based strategic planning, implementation of evidence based interventions, establishment of performance measures and tracking of impacts and outcomes of programs.

Target Population:
Number: 18
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:
Number: 18
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Future of Public Health (Institute of Medicine), 1988.

The Future of the Public's Health in the 21st Century (National Institutes of Health) 2003.

Building Our Nation's Public Health Systems: Using performance standards to improve public health practice (American Public Health Association, Association of State and Territorial Health Officials, National Association of County and City Health Officials, National Association of Local Boards of Health National Network of Public health Institutes, Public Health Foundation, Centers for Disease Control and Prevention) November 2005.

Operational Definition of a Functional Local Health Department, as listed in Model Practices, (National Association of City and County Health Officials) November 2005.

Final Recommendations for a Voluntary National Accreditation Program for State and Local Public Health Departments (Association of State and Territorial Health Officials and National Association of County and City Health Officials with funding from the Centers for Disease Control and Prevention and the Robert Woods Johnson Foundation) September 12, 2006.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $315,224
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $150,000
Funds to Local Entities: $100,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:
Support for Local/District Health Departments
Between 10/2010 and 09/2011, NDHHS staff, contractors, and local health department staff members will provide technical assistance and training opportunities to **18** local/district health departments and their key partners.

Annual Activities:
1. Technical Assistance

Between 10/2010 and 09/2011, NDHHS staff assess the technical assistance needs of local/district health departments. Staff members gather models and standards including evidence-based program information to share with local/district health departments. NDHHS staff also plan and arrange technical assistance and training opportunities. Technical assistance is provided in the form of monitoring progress reports, one-on-one mentoring, conducting site visits, coordinating group update and sharing conference calls.

2. Financial Assistance
Between 10/2010 and 09/2011, NDHHS provides funds to local/district health departments to conduct a comprehensive community assessment and health prioritization process (Mobilizing for Action through Planning and Partnerships [MAPP]). Based on local health priorities, NDHHS provides additional funds for local health departments to implement evidence-based programming. PHHSBG are used to leverage funds from state and other federally funded programs, pooled to provide financial assistance of this type to local/district health departments.

Objective 2:
State Level Oversight
Between 10/2010 and 09/2011, PHHS Block Grant Coordinator will evaluate **16** projects or programs funded with PHHS Block Grant dollars, monitoring progress in achieving State Health Objectives, Impact Objectives and Activities as described in Nebraska's application to CDC.

Annual Activities:
1. Monitor and Support
Between 10/2010 and 09/2011, The PHHS Block Grant Coordinator monitors subaward performance, reviews written reports, holds one-on-one meetings and telephone contacts, participates in group telephone consultation, meets with program staff members on location, conducts technical assistance and training, and attends funded activities to observe progress.

Essential Service 8 – Assure competent workforce

Objective 1:
Training and Educational Resources
Between 10/2010 and 09/2011, NDHHS staff and contractors will provide training on relevant topics, based on perceived need, to **18** local/district health departments.

Annual Activities:
1. Training Sessions
Between 10/2010 and 09/2011, NDHHS staff members coordinate training opportunities by identifying resources (e.g., presenters, materials), arranging locations and presenters, marketing the training sessions, and arranging the registration and evaluation processes.

2. Mentoring
Between 10/2010 and 09/2011, NDHHS staff provide one-on-one mentoring to local/district health department staff members to increase their capacity to write grants, develop and implement health promotion programs, improve programming, and evaluate interventions and activities.

State Program Title: UNINTENTIONAL AND INTENTIONAL INJURY PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Unintentional and Intentional Injury Prevention Program*** is dedicated to the prevention of unintentional and intentional injuries, injury-related hospitalizations, long-term disability and deaths.

Health Priorities:

- Injuries are the fourth leading causes of death for Nebraskans.
- For Nebraskans age 1 – 34 years, unintentional injuries are the leading cause of death.
- In Nebraska, more years of potential life are lost due to injury than to any other cause of death.
- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska.

They were also the second leading cause of unintentional injury death in Nebraska.

- Statewide, motor vehicle crashes are the leading cause of injury death. Suicide is the second leading cause of injury death.
- One in eight adult women, or more than 84,000 adult women in Nebraska, has experienced one or more completed forcible rapes during her lifetime.
-

Primary Strategic Partnerships:

Unintentional Injury:
External: Safe Kids Coalitions and Chapters, Child Passenger Safety Technicians and Instructors, Local Public Health Departments, Nebraska Office of Highway Safety, Nebraska Safety Council, local hospitals, Nebraska State Patrol, Brain Injury Association of Nebraska, parents and the general public;
Internal: NDHHS epidemiology, Nutrition and Physical Activity for Health, Unit on Aging, EMS/Trauma, Lifespan Health.

Intentional Injury:
Sexual Offense Set-Aside funds are contracted to the network of 19 local sexual assault crisis centers which are supported by the Nebraska Domestic Violence Sexual Assault Coalition. The local programs partner with schools, universities, faith-based organizations and a range of community organizations, as well as local crisis response teams, law enforcement and medical providers.

Suicide: Nebraska Suicide Prevention Coalition, University of Nebraska Public Policy Center, Nebraska Interfaith Ministries, Bryan LGH, NDHHS Behavioral Health and Lifespan Health.

Evaluation Methodology:

Unintentional Injury: Collection and monitoring of reports from Safe Kids Coalitions and Chapters, and Child Passenger Technicians. Access Death Data and Hospital Discharge Data, analyze results and trends. Provide data results to partner programs. Monitor program participant survey results.

Intentional Injury:
Rape Set-Aside: Collection and analysis of reports from local programs for both preventive education and victim services, surveillance surveys among victims, workshop evaluation data.

Suicide: Access death data, hospital discharge data, and Child Death Review Team data, analyze results and trends.

Source: NE DHHS Vital Statistics, 2007, NE DHHS Hospital Discharge Data, Nebraska Domestic Violence Sexual Assault Coaltion.

State Program Setting:

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Rape crisis center, Schools or school district, Senior residence or center, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Community Health Educator Senior
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Health Surveillance Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 2.00

National Health Objective: HO 15-12 Emergency department visits

State Health Objective(s):

Between 10/2010 and 09/2015, For children aged 1 to 19, reduce the number of all terrain vehicle injuries requiring emergency room visits and hospitalization to less than 90 per 100,000.
For children aged 1 to 19 reduce the number of emergency room visits and hospitalizations due to traumatic brain injuries.

Baseline:

all terrain vehicle injuries rate: 90 per 100,000, 2004-2008
traumatic brain injury rate:

Data Source:
Nebraska Hospital Discharge Data 2004-2008

State Health Problem:

Health Burden:
- Children under the age of 19 have the highest rates of all terrain vehicle injuries resulting in hospitalization or emergency rooms visits.
- From 2004-2008, children ages 0-14 experienced 539 Traumatic Brain Injuries per 100,000 needing emergancy room visits.
- From 2004-2008, children ages 0-14 experienced 28 Traumatic Brain Injuries per 100,000 needing an inpatient hospital stay.

- Traumatic Brain Injury Costs: $17,151.99 median hospitalization cost, $1,663.56 median emergancy room visit cost.

Target Population:
Number: 188,238
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 188,238
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NE Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
Promising Practices Network (RAND Corporation)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $20,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $10,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:
ATV Training

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program and partners will identify **2** organizations in the state to partner with to establish ATV safety trainings.

Annual Activities:

1. Build relationships

Between 10/2010 and 09/2011, contact state agricultural and safety organizations to investigate current ATV safety programming being conducted in the state.

Objective 2:

ATV Safety Programming

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program and partners will provide funding to conduct ATV safety trainings to **4** Safe Kids Chapters.

Annual Activities:

1. Technical Assistance

Between 10/2010 and 09/2011, provide technical assistance to the Safe Kids Chapters awarded grants to conduct ATV safety trainings.

Objective 3:

Concussion/TBI awareness and prevention

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program, Brain Injury Association of Nebraska will implement **1** concussion awareness and prevention training.

Annual Activities:

1. Concussion Awareness and Prevention Training

Between 10/2010 and 09/2011, partner with the Brain Injury Association of Nebraska to implement a concussion awareness and prevention training. Other partners will include local/district health departments and Safe Kids chapters.

National Health Objective: HO 15-20 Child restraints

State Health Objective(s):

Between 10/2009 and 10/2014, Increase use of child restraints to 98%.

Baseline:

Baseline: 56% usage in 1998 for Nebraska

Data Source:

Nebraska Office of Highway Safety- NDOR

Child Restraint Surveys are conducted each year between August and September.

Child safety seat use is surveyed annually through observations conducted in rural and urban counties in Nebraska.

State Health Problem:

Health Burden:

For children aged 1-19, the leading cause of death is from motor vehicle or traffic incidents.

Target Population:
Number: 188,238
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 188,238
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NE Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)
Promising Practices Network (RAND Corporation)

Other: Governor's Highway Safety Association's Occupant Protection for Children: Best Practices Manual, Model Program Elements Section to address childhood occupant protection: 2007

Safe Kids World Wide: Motor Vehicle occupant injury fact sheet. 2004

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $100,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $70,000
Funds to Local Entities: $6,500
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Public Education and Support

Between 10/2010 and 09/2011, Nebraska DHHS Injury Prevention Program and Partners will provide information and technincal assistance in response to requests for best practice programming and effective evaluation methods to **130** Child Passenger Safety Technicians, Local Public Health Departments and Safe Kids programs.

Annual Activities:

1. Public Information

Between 10/2010 and 09/2011,

- Respond to calls from the public, school districts, hospitals or public health departments on questions about child safety seat use and restraint laws on a continuous basis.
- Participate in Child Passenger Safety Week in producing press releases and promoting the national theme to Safe Kids groups, public citizens, hospitals, public health departments and technicians

Essential Service 4 – Mobilize Partnerships

Objective 1:

Child Passenger Safety Programs

Between 10/2010 and 09/2011, Nebraska DHHS Injury Program, partners and contractors will increase the rate of observed use of child restraints from 96% to **97%**.

Annual Activities:

1. Child Passenger Safety Training

Between 10/2010 and 09/2011,

- Conduct four National Highway Traffic Safety Administration child passenger trainings (contingent upon outside funding).
- Conduct meetings with the Nebraska Child Passenger Safety Advisory Committee to establish a training schedule.

2. Technical Assistance

Between 10/2010 and 09/2011,

- Provide technical assistance to Child Passenger Safety Technicians to conduct child passenger advocacy trainings to communities across the state.
- Provide technical support to over 400 Child Passenger Safety Technicians through newsletters, e-mail lists, mailings, technical updates and grant funding.
- Provide a minimum of 10 mini-grants to local technicians to conduct child passenger safety seat checks in their communities.

Essential Service 9 – Evaluate health programs

Objective 1:

Child Passenger Safety Program Evaluation

Between 10/2010 and 09/2011, Nebraska Injury Prevention Program and contractor will distribute results and recommendations based on a comprehensive evaluation of the child passenger safety program to **14** Safe Kids chapters and coaltions and child passenger safety instructors.

Annual Activities:

1. Child passenger safety evaluation

Between 10/2010 and 09/2011,

- Contract with an outside evaluator to provide results and recommendations from a retrospective evaluation of the child passenger safety program.

National Health Objective: HO 15-27 Falls

State Health Objective(s):

Between 10/2009 and 09/2014, **Reduce deaths and injuries from falls**

Baseline:
7.6 deaths per 100,000 population

Data Source:
Nebraska Vital Statistics, 2007

State Health Problem:

Health Burden:

- Falls are the leading cause of injury hospital discharge for all ages combined in Nebraska.
- Falls are the leading cause of unintentional injury death for adults age 65 and over.
- Falls are the second leading cause of unintentional injury death for all ages combined.
- Childhood falls represent the leading cause of hospitalization for children aged 9 and younger.

Target Population:
Number: 500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NE Vital Statistics 2007, Hospital Discharge Data 2007

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)
Promising Practices Network (RAND Corporation)

Other: CDC- Preventing Falls: What Works

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $40,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $30,000
Funds to Local Entities: $39,000
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Older Adult Falls
Between 10/2010 and 09/2011, Injury Prevention Program, partners, and contractors will provide education on the scope of the older adult falls problem in Nebraska and evidence-based practices to address the problem to **50** public health and community partners.

Annual Activities:
1. Older Adult Falls Coalition Meetings
Between 10/2010 and 09/2011, provide education on the scope of the problem of older adult falls in Nebraska and evidence-based prevention strategies to public health partners and other community partners by presentations at Falls Coalition Meetings.

2. Older Adult Falls Day
Between 10/2010 and 09/2011, provide education on older adult falls prevention by participating in the National Older Adult Falls Prevention Day; activities include local community events, and media releases.

Objective 2:
Tai Chi Training
Between 10/2010 and 09/2011, Nebraska Injury Prevention Program will provide Tai Chi instructor training and Tai Chi instructor update training to **25** community Tai Chi instructors.

Annual Activities:
1. Tai Chi Instructor Training
Between 10/2010 and 09/2011, conduct Tai Chi training and Tai Chi update training for new and current Tai Chi instructors.

2. Tai Chi Instructor Development
Between 10/2010 and 09/2011, enhance Tai Chi instructor development through the use of technical assistance and site visits provided by a Tai Chi consultant.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Older Adult Fall Prevention

Between 10/2010 and 09/2011, NDHHS Injury Program, Public Health Departments and community partners, contractors will implement **14** Tai Chi classes in their communities.

Annual Activities:

1. Program Development and Maintenance

Between 10/2010 and 09/2011,

- Provide Public Health Departments and community partners with training and resources to conduct Tai Chi classes in their communities.
- Develop evaluation tools to measure the falls program through formative or process evaluation.
- Collaborate with state agencies and local health departments on reducing older adult falls.

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2009 and 09/2014, **reduce the incidence of sexual assault to no more than 6.0% among women in Nebraska age 18 and up.**

Defining sexual assault is the use of coercion or physical force to subject, or attempt to subject, a person to sexual penetration or other sexual contact against his/her will, including unwanted sexual comments or advances, acs to traffic or any other act directed against a person's sexuality, regardless of their relatinship to the person, in any setting or situation. This includes such acts involving a person who is unable to consent due to age, illness, disability, influence of alcohol or drugs or any other condition that prevents an individual from consenting.

Baseline:

- Among 4,769 respondents, 264 (5.5%) reported that someone has had sex with them after they said or showed that they did not't want them to or without their consent.
- Among these 264 individuals, 16 (6%) reported that this happened in the past 12 months.
- Among 4,767 respondents, 307 (6.4%) reported that someone has attempted to have sex with them after they said or showed that they did not't want to or without their consent, but sex did not occur.
- Among these 307 individuals, 25 (8.1%) reported that happened in the past 12 months.

Prepared by: Ericka Welsh 2/16/10
Source: Sexual Violence and Intimate Partner Violence Modules, Nebraska Behavioral Risk Factor Survey System, 2007

- 9.08% in 2005

Data Source:
Nebraska Behavioral Risk Factor Surveillance System (BRFSS)

State Health Problem:

Health Burden:

- One in eight adult women, or more than 84,000 adult women in Nebraska, has experienced one or more completed forcible rapes during her lifetime, from *Rape in Nebraska: A Report to the State, 2003,* Kirkpatrick & Ruggiero.
- Twelve percent of high school females have been physically forced to have sex. (2005 Youth Risk Behavior Survey)
- Sixteen percent of high school females have been physically forced to have sex. (2007 Youth Risk Behavior Survey) Unweighted
- Five percent of high school males have been physically forced to have sex. (2007 Youth Risk Behavior Survey) Unweighted
- Forcible rape reports have decreased in recent years, yet these crimes continue to increase in both the most and least populated areas of Nebraska. In 2007, arrests of individuals under age 18 for forcible rapes increased 29% from 2006. Nebraska Uniform Crime Report

Health factors due Rape; from Rape in Nebraska: A Report to the State, 2003, Kirkpatrick & Ruggiero.

o Major depression at some time in their lives, experienced by 30% of rape victims (over 25,000 victims in Nebraska) and 10% of women never victimized by violent crime.
o Current major depression, which is experienced by 21% of rape victims (nearly 18,000 victims in Nebraska) and 6% of women who were never victimized by violent crime.
o Serious suicidal thoughts at some time in their lives, experienced by 33% of rape victims (nearly 28,000 victims in Nebraska) and 8% of nonvictims of crime.
o Suicide attempt at some time in their lives, reported by 13% of rape victims (about 11, 000 victims in Nebraska) and only 1% of nonvictims of crime.

Target Population:
Number: 173,747
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 77,060
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: U.S Census Data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: There is a strong base of promising practices. Such as Banyards, 2004 article regarding Bystander Education, "The bystander approach offers opportunities to build communities and a society that does not allow sexual violence. It gives everyone in the community a specific role in preventing the community's problem of sexual violence."(Banyard, V.L., Plante, E.G., & Moynihan, M.M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. Journal of Community Psychology, 32, 61-79.)

Beyond the bystander approach the spectrum of prevention also provides feedback regarding promising practices. "Data and evaluation inform all levels of the Spectrum. Successful prevention requires assessment of the community factors that increase the risk of violence and those that reduce the likelihood of violence. Once these are identified, activities can be delineated along each level of the Spectrum to reduce or bolster them, respectively. Any proposed activity should be based on data showing: 1) the issue is important, 2) the population the activity is designed to reach is clear and appropriate, and 3) the intervention is promising. Data isn't just numbers. The experience and wisdom of survivors, advocates, educators, and practitioners should be honored as key data sources in the development of prevention strategies."(From Davis, R., Parks, L.F., Cohen, L. (2006). Sexual Violence and the Spectrum of Prevention: Towards a Community Solution. National Sexual Violence Resource Center.)

Another promising practice that is used within the field of sexual violence prevention is found in the article "What Works in Prevention: Principles of Effective Prevention Programs". In this article nine principles of effective programs are stated. They are listed below. Used in conjunction with the Social Ecological Model this is said to be the most effective primary prevention approach.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $42,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $30,000
Funds to Local Entities: $42,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Sexual Assault Primary Prevention

Between 10/2010 and 09/2011, Nebraska Domestic Violence Sexual Assault Coalition will develop **1** state level multi-component primary prevention campaign.

Annual Activities:

1. Develop a multi-component plan

Between 10/2010 and 12/2010,

- The Step up Speak out Campaign will follow the Nebraska Sexual Violence Prevention Plan and be geared towards youth ages eleven to seventeen. NDVSAC and Perfect Eleven, a public relations and marketing firm, will be following the one campaign, one voice principal. There will be monthly activity packets with press releases, PSA templates, posters, and brochures that will be disseminated to the local programs. Along with activity packets collateral items will be disseminated based on population.

- The Step up Speak out Campaign will utilize Facebook, twitter, flicker and YouTube to leverage for communication and promotion of the campaign. NDVSAC will also begin to work with the local programs to form brand ambassadors. These brand ambassadors will be the youth that will help in the local programs with the activities and to begin to create a buzz about the campaign.
- Part of what the Step up Speak out Campaign will entail is the maintenance and implementation of a contest module on the Step up Speak out website. The contest module will allow for the following; online voting, sending campaign videos to friends, uploading photos and videos. This tool can be maintained for future year's contests.

Objective 2:
Sexual assault primary prevention campaign
Between 10/2010 and 09/2011, Nebraska Domestic Violence Sexual Assault Coalition will implement **1** statewide campaign.

Annual Activities:
1. Media Component
Between 12/2010 and 09/2011, The Nebraska Domestic Violence Sexual Assault Coalition will develop press releases and media packets that will be disseminated to local domestic violence/sexual assault programs. The project coordinator will work with the program directors to identify media outlets. Six PSA and media packets will be created and distributed.

2. Social Marketing Component
Between 12/2010 and 09/2011, Based on the premise that youth utilize social networking sites, NDVSAC has Built a Step Up, Speak Out website to engage youth and provide parents, teachers, and community members about bystander engagement and healthy relationships. To complement the Step Up, Speak Out website, NDVSAC will create and maintain Facebook, twitter, flicker and YouTube pages that will leverage the communication and promotion of the campaign. Effectiveness of this component is measured by number of site visits and followers. The first year will be the baseline.

3. Brand Ambassador component
Between 04/2011 and 05/2011,
- The NDVSAC will work with existing youth acting troupes Revolution, Bravo, and Heroes in three rural communities to use youth street teams, a different method of youth mobilization.
- These street teams will the faces of Step Up Speak Out campaign and will hand out collateral items such as pencils/pens, temporary tatoos, and rubber bracelets that will drive youth to the social marketing components.
- NDVSAC will compare the number of site visits prior to April, 2011 to after May, 2011. Again, this will be a baseline year.

National Health Objective: HO 18-1 Suicide

State Health Objective(s):
Between 10/2009 and 09/2014, Reduce the suicide rate to no more than 8.2 per 100,000 population in Nebraska.

Baseline:
10.8 per 100,000 suicide deaths in Nebraska from 2001 - 2006.

Data Source:
NDHHS Vital Statistics

State Health Problem:

Health Burden:
- The suicide rate in Nebraska for 2001 - 2006 was 10.8 per 100,000.
- The youth suicide rate in Nebraska have been significantly higher than the national rate for this age group (10 - 17) since 2002.

Target Population:
Number: 400,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 381,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 12 - 19 years, 20 - 24 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: NDHHS Vital Statistics

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $40,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $40,000
Funds to Local Entities: $5,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Suicide Prevention
Between 10/2010 and 09/2011, The Injury Prevention Program, in collaboration with the Nebraska Suicide Prevention Coalition and Interchurch Ministries of Nebraska will conduct **one** suicide prevention training.

Annual Activities:
1. Suicide Prevention Training
Between 10/2010 and 09/2011, collaborate with the Suicide Prevention Coalition and Interchurch Ministries of Nebraska to plan and conduct one Suicide Prevention Summit.

State Program Title: WORKSITE WELLNESS PROGRAM

State Program Strategy:

Program Goal: The PHHS Block Grant-funded ***Worksite Wellness Program*** is dedicated to improving the overall health of Nebraska adults through their places of employment.

Health Priorities: Building capacity to provide data-driven, comprehensive worksite health promotion services statewide.

Primary Strategic Partners: Local worksite wellness councils (WorkWell and WELCOM), local health and human services agencies, hospitals, state government, local health coalitions, public schools, universities and colleges, Nebraska Sports Council, and local health departments.

Evaluation Methodology: Tracking changes in health status data, data from LiveWell health assessment survey, reports from participating businesses on changes in health care and insurance costs, and aggregate biometric data obtained from employees,

State Program Setting:

Business, corporation or industry, Community based organization, Local health department, State health department, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 7-5 Worksite health promotion programs

State Health Objective(s):

Between 10/2010 and 09/2015, maintain support for worksite health promotion in Nebraska, building capacity to conduct evidence-based health promotion activities for workers and document improvement in health status of workers.

Baseline:
4 subawards or contracts

Data Source:
Nebraska Department of Health and Human Services

State Health Problem:

Health Burden:
Only a fraction of Nebraska worksites offer comprehensive health promotion programs to their employees, leaving many opportunities to reach working-age adults with health promotion and prevention messages, as well as services such as health risk appraisal and counseling to lower risk to employee health.

Target Population:
Number: 120,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 20,000
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Department of Economic Development

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Task Force on Community Preventive Services, which states "use of selected worksite policies and programs can reduce health risks and improve the quality of life for 141 million full and part-time workers in the United States." Nine exemplary companies were studied by the national task force. Two of the nine companies, Lincoln Industries and Duncan Aviation, are WorkWell member companies.

Well Workplace Seven Benchmarks for Success from Wellness Council of America (WELCOA), modified to meet local Nebraska needs.

Evidence based worksite health model.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $240,180
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $200,000
Funds to Local Entities: $220,000
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans

Objective 1:

Worksite Wellness Capacity
Between 10/2010 and 09/2011, NDHHS staff and subawardees and contractors will develop **130** worksites actively engaged in worksite health promotion activities.

Annual Activities:
1. Training and Technical Assistance
Between 10/2010 and 09/2011, provide technical assistance and training to at least 120 worksites

Essential Service 7 – Link people to services

Objective 1:
Active Participation
Between 10/2010 and 09/2011, NDHHS staff and contractor will provide opportunities to participate in at least two challenge activities, individually or as a member of a team, to **1,000** State Employees.

Annual Activities:
1. Live Healthy Nebraska
Between 10/2010 and 09/2011, subsidize the cost for State Employees to register for Live Healthy Nebraska, a physical activity and nutrition (weight loss) challenge; contractor (Nebraska Sports Council) manages registration, tracking and evaluation.